



STATE OF WASHINGTON  
WASHINGTON STATE BOARD OF HEALTH

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## **Children's Health and Well-Being 2001 Final Report Summary**

One of the most effective ways to assure healthy citizens and communities is to safeguard the health of children. Since fall 1999, the Washington State Board of Health made children's health and well-being one of its priorities. The Board examined ways to give all young children the best opportunity for healthy and fulfilling lives. Recognizing the multiple efforts already underway in Washington to help protect and improve the lives of young children, the Board looked to make a unique contribution that was consistent with its statutory authority.

The Board centered its attention on making sure *all* Washington's children have access to preventive health care that allows them to grow into adults with healthy bodies and healthy lifestyles. The Board focused on well-child screenings for young children as a first step because it determined it could have a unique and sizable impact. The work sought to establish what health care children should have access to and possible mechanisms for providing that care.

### **Background**

More than 25 percent of the 5.8 million people in Washington are under 20 years of age. Almost 14.5 percent (more than 840,000) are children nine years old or younger. The school-age population of children 5 to 17 years of age comprises more than 1.1 million people and grows yearly. Annual births are expected to increase from 79,700 to 102,000 between 2000 and 2020.

As people age, premature death—from chronic diseases as well as from intentional and unintentional injuries—increases. By intervening before birth and in a person's early years, we can prevent or reduce conditions that lead to illness and premature death. We can also promote health so that people have the best chance to lead full and productive lives.

### **Well-Child Screenings**

All children need regular well-child screenings to help assure they are as healthy as possible. There has not been clear agreement, however, on what a comprehensive well-child screening should include. The Board identified a need for an evidence-based list and developed and approved "*Recommended Children's Preventive Services: Ages Birth through 10 Years: Topic, Target Population, & Service Type.*" This list of clinical preventive services, a merged "menu" of recommended items, is based on review of the American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (2000), the United States Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services (Second Edition; 1996), and components of Medicaid's Early Periodic Screening, Diagnosis and Treatment (EPSDT) program. All of these national guidelines include prevention and early intervention as well as parent education. They go beyond traditional medical care. Since well-child screenings should be delivered at all stages of childhood, continuity of care is necessary to identify patterns and issues in a child's physical, developmental, and emotional health over time.

Services on the list include: comprehensive physical exam with health history and developmental/behavioral assessment; communicable and infectious diseases; health risk behaviors; and oral health.

This final report includes *Recommended Children's Preventive Services: Ages Birth through 10 Years: Topic, Target Population, & Service Type*, as well as the supporting material, "*Summary of Recommendations, Rationale & Support for Children's Clinical Preventive Services: Ages Birth to 10 years*."

### **Assuring Children Get Well-Child Screenings**

After adopting the list, the Board explored ways it could increase the likelihood that children will receive the services on its recommended list. One avenue the Board investigated was requiring well-child examinations for students entering school. State law and Board rules require parents to provide evidence that their children have received all their immunizations at school-entry. This could be a time to verify that children have had a well-child checkup as well.

The Board worked closely with Department of Health, the Office of the Superintendent of Public Instruction, and the Department of Social and Health Services to assess this concept. The Board provided assistance to an interagency team designing a pilot study of school-entry requirements. The pilot is expected to occur in several counties across Washington during 2002.

The Board also commissioned a nationwide study of states that require health exams as a condition of participating in public education. The report, *Healthy to Learn: State Requirements for Child Health Examinations*, revealed that nearly half of all states require that school children receive well-child checkups prior to and/or during entry to the K-12 system. No fewer than 13 of the 23 states with such requirements require comprehensive exams, the components of which are consistent with the Board's recommended list. An additional five states have less specific requirements for exams, and one state requires extensive health screening but no exam. The majority of states only require exams for students enrolled in public schools. Private physicians generally provide the exams and resulting services under the parents' private or state-funded health insurance, with a small percentage of exams provided in school-based clinics.

The Board also produced a booklet describing a typical well-child exam for a five-year-old entering kindergarten. The brochure, *Start Right—Start Healthy: A Guide to Health Checkups for Your New Student*, is based on the Board's list of comprehensive well-child screenings. It also provides parents with information about how to pay for their child's checkup and encourages them to establish a medical home for their child—a place where a child has an ongoing relationship with one health care provider over time. *Start Right—Start Healthy* has been shared with every elementary school principal in the state. It will also be utilized during the pilot study of school-entry requirements described above.

Both publications are included with this report.

### **Review of Board Rules**

During this period, the Board also completed a review of rules governing children's required health screenings for scoliosis and for auditory and visual disorders. It also initiated rule reviews for vital statistics, prenatal tests, and newborn screening. These rules were examined in the broad context of access to care, rather than considered piecemeal. The rule review process is continuing and the Board is working closely with the Department of Health, the Office of the Superintendent of Public Instruction, and others to consider changes when evidence indicates that change is needed. For additional information, contact Doreen Garcia at (360) 236-4101 or visit the Board's Web site at [www.doh.wa.gov/sboh/](http://www.doh.wa.gov/sboh/).